Agenda

1. Introduction
2. The Swiss healthcare system and Helsana
3. Insurance models
4. Health services research
5. Examples
6. Discussion
Key facts about Switzerland (2017)

<table>
<thead>
<tr>
<th>Very small country</th>
<th>41'285 km²</th>
<th>population mostly concentrated on 30% of the territory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growing population</td>
<td>8‘482'152 Mio.</td>
<td>Annual growth rate (1.1%)                          Foreign citizen population 25%</td>
</tr>
<tr>
<td>Four official languages</td>
<td>German (63.7%)</td>
<td>French (20.4%)</td>
</tr>
<tr>
<td>Government</td>
<td>Federal Republic with Direct Democracy</td>
<td></td>
</tr>
<tr>
<td>Competitive and open economy</td>
<td>GDP US$ 679 bn</td>
<td>US$ 80'591 per capita</td>
</tr>
<tr>
<td>Other characteristics</td>
<td>• Founded 1291 / Federal State since 1848</td>
<td>• 26 cantons with high degree of Independence</td>
</tr>
</tbody>
</table>
Switzerland Compares Favorably to Other Health Care Systems…

<table>
<thead>
<tr>
<th></th>
<th>Switzerland</th>
<th>Germany</th>
<th>USA</th>
<th>New Zealand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>83</td>
<td>80.7</td>
<td>78.8</td>
<td>81.7</td>
</tr>
<tr>
<td>[in years]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential years of life lost</td>
<td>2957.2</td>
<td>3694.7</td>
<td>5755.1</td>
<td>3900.1</td>
</tr>
<tr>
<td>[age 0-69, males, all causes, Years lost per 100,000]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese population, [self-reported, in % of population]</td>
<td>10.3</td>
<td>16.4</td>
<td>30.1</td>
<td>no data</td>
</tr>
<tr>
<td>Tobacco consumption</td>
<td>20.4</td>
<td>20.9</td>
<td>11.4</td>
<td>15.0</td>
</tr>
<tr>
<td>[% of population 15+ who are daily smokers]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td>9.5</td>
<td>11</td>
<td>8.8</td>
<td>8.7</td>
</tr>
<tr>
<td>[liters per capita, 15+]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td>4.2</td>
<td>4.1</td>
<td>2.6</td>
<td>3.0</td>
</tr>
<tr>
<td>[density per 1'000 population]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: OECD Health Data 2017 (data=2015 or nearest year)
…Especially Regarding Access

Accessibility Weighted Score 2017
Waiting time for treatment

Source: Euro Health Consumer Index 2017 Report
System Overview

Compulsory insurance/admission
System with capita premiums
Free choice of insurer
Optional models in basic insurance
Dual hospital finance
Risk compensation / adjustment
Individual premium reduction by canton

basic coverage

additional coverage
Free market
Penetration-rate > 80 %
“Basic” Coverage Is Compulsory

without ...

1. ... ill people would not have a coverage
2. ... women would have to pay more
3. ... ill people would have to pay more
4. ... ill people would have no choice
5. ... healthy people would not insure / pay nothing

with ...

1. ... a lot of people are insured against their will
2. ... the state decides about the product
3. ... the state decides on the coverage
4. ... illness becomes a public matter
5. ... the state takes the responsibility from the individual
The Swiss Health Care System: Main Financial Flows

Legal Frame

State

- Premium Subsidies
- Social aid
- Direct State (Federal, State, Community payments)
- State Pension Fund (AHV) and State Disability Insurance (IV)

Health Insurers

- Basic coverage
- Supplemental private insurance

Private Households

- Out of pocket / other private (incl. cost participation)
- 27%
- 31%

Providers

- Total Costs of Swiss Health Care System
- CHF 80.7 billion

BFS 2018: Finanzierung des Gesundheitswesens nach Finanzierungsregimes, T 14.5.2.1
Strong Cost Increase in the Basic coverage since its Introduction

Benefits (gross) per insured person (in CHF)

Massive increase in costs: Intensity is increasing: Demography, medical technology, claims

Source: Federal Office of Public Health 2017
Clients’ options under basic insurance

More than 3/4 of insured persons profit from alternative insurance models!

2009

- Managed Care: 37.0%
- Ordinary deductible: 35.2%
- Higher deductibles: 27.9%

2016

- Managed Care: 67.2%
- Ordinary Deductible: 20.0%
- Higher deductibles: 12.7%

Deductibles:

- 19% of insured persons choose a deductible of 2'500
- 9% choose 1'500
- 3% choose 1'000
- 11% choose 500
- 53% choose 300 (ordinary)

Helsana’s view on the Swiss health care system

+ 
  - Mandatory insurance with competition in the insurance market
  - High-level outcomes
  - Financing: premiums
  - Partially tax-financed
  - High technical standards
  - Liberal framework for managed care
  - Good access for everybody
  - High standard of care delivery
  - Social balance regulated separately (premium subsidy)

- 
  - High density of providers
  - High costs
  - Lack of information about quality
  - 26 health care delivery systems
  - Providers: lack of competition
  - Political power of providers
  - Industrial policy for pharmaceuticals
  - Risk equalization is incomplete
  - Cantons as financial players
  - Power / role of the federation
  - Role of providers’ associations
Insurers: Market Shares (2017)

Number of reg. insurers

15 insurance companies take 97 % market-share

3 Insurer groups GM, CSS + Helsana with more than 1 Mio. insured persons each

6 Insurers/groups with 300 to 800’000 insured persons each

6 Insurers/groups, each 100 to 300’000 insureds

25 small players (156-56’000 insureds)

Sources: T 5.01, Federal Office of Public Health, 2017
Helsana has more than 100 years of experience in the health and accident insurance business.

Premium income:
- 70% social insurance
- 30% supplementary insurance

Per week, Helsana pays out around CHF 110 million.
Helsana embraces its **social responsibility** and insures 1.9 million people – or one in four people in Switzerland.

Helsana attains a significant size with more than 3,000 **employees**.
Our Common Challenge

From Payer to Player

yesterday... Accountant

...today... Health Insurer

...tomorrow Health Player
A huge data source

Invoices show details.
The framework is dynamic...
Demographic development
Sometimes things are just not well coordinated....
To err is human…
Medication of a single patient…
Is this evidence based?
Data:
Comprehensive, complex, great potential
Our mandate

Research areas

- Epidemiology
- Health economics
- Health systems
- Public Health
- Health services
- Statistics

Objectives:

- Knowledge production
- Knowledge diffusion

Benefit for Helsana

- Identification of potential for improvement
- Support of transparency
- Basis for Tariffing
- Positioning of our own competence
- Designing legal framework advantageously
- Practice transfer
- Political participation and influence
- Assessment of the insurer’s duty to provide benefits
- Introducing the view of health insurers
Examine the daily routine of health care professionals carefully.
Correct and complete information is needed...

"I DON'T GIVE A DAMN WHAT THE CHART SAYS! I DID NOT HAVE A HYSTERECTOMY!!!
Health insurances have responsibility

<table>
<thead>
<tr>
<th>Impact on health care</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance products</td>
<td>Billing-relevant data of basic health insurance</td>
</tr>
<tr>
<td>Managed Care, boni, cost sharing, private insurance</td>
<td>Customers (patients)</td>
</tr>
<tr>
<td>Collective agreements on tariffs</td>
<td>Institutions (service providers)</td>
</tr>
<tr>
<td>incentives, quantity</td>
<td>Continuous</td>
</tr>
<tr>
<td>Quality</td>
<td>Cross-sectoral</td>
</tr>
<tr>
<td>requirements, Co-financing</td>
<td>Cost data</td>
</tr>
<tr>
<td>Customers</td>
<td>Low cost for data collection</td>
</tr>
<tr>
<td>information, incentives</td>
<td>Limited clinical information</td>
</tr>
<tr>
<td>Reimbursement</td>
<td></td>
</tr>
<tr>
<td>confirmation of cost coverage, rejections</td>
<td></td>
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</tbody>
</table>

We need to know what is going on!
Helsana Drug Report

Unique in Switzerland

Helsana Drug Report creates transparency in the Swiss market for medicinal products. The report is published in cooperation with the University Hospital and the European Center of Pharmaceutical Medicine at the University of Basel.
Senioren erhalten im Heim gefährliche Pillencocktails

Im Schnitt schluckt jeder Bewohner 9 Medikamente. Einige haben schwere Nebenwirkungen.
Alternative insurance models / deductibles
Alternative models become standard
Services performed in the hospital setting

Hospital services are increasingly performed in the ambulatory setting.
Hospitalisations (2017)

Hospitalisation varies by canton and receipt of cantonal subsidies to insurance premia.
Consultations

8 | Anzahl Konsultationen pro Versicherten bei Grundversorgern, Spezialisten und Spitalambulatorien

9 | Wachstum von Konsultationen nach Leistungserbringer und Kanton (2017 gegenüber 2012)

Anzahl Konsultationen
- Spital ambulant
- Spezialisten
- Grundversorger

Wachstumsrate
- Spital ambulant
- Spezialisten
- Grundversorger

Patients are increasingly managed by specialist physicians and ambulatory hospital wards.
The proportion of persons seeking care with one or more physicians increased.

In the same time interval, the number of consultations and the mean duration of consultation increased.

The need for coordination is increasing.
Emergency consultations in ambulatory hospital wards

<table>
<thead>
<tr>
<th>Jahr</th>
<th>Notfallkonsultationen Spital ambulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1,18 Mio.</td>
</tr>
<tr>
<td>2013</td>
<td>1,31 Mio.</td>
</tr>
<tr>
<td>2014</td>
<td>1,42 Mio.</td>
</tr>
<tr>
<td>2015</td>
<td>1,55 Mio.</td>
</tr>
<tr>
<td>2016</td>
<td>1,64 Mio.</td>
</tr>
<tr>
<td>2017</td>
<td>1,62 Mio.</td>
</tr>
</tbody>
</table>

Between 2012 and 2017 emergency consultations in ambulatory hospitals wards increased by 37%.
Emergency consultations in ambulatory hospital wards without follow-up consultation within 30 days

Between 2012 and 2017 emergency consultations in ambulatory hospitals wards increased by 37%.

We estimate more than 200'000 bagatelles without need of seeking care in the hospital setting.
Development of quality indicators for primary care

- Use of a preexisting international basis of evidence
  - guidelines of the German association of primary care and family medicine
  - German National Disease Management Guidelines (NVL)
  - quality indicators for ambulatory care (QISA)

- Adaptation to Swiss needs
  - Independent multidisciplinary expert group including patient representatives
  - Selection of quality aspects which are calculable, relevant, and controllable within the Swiss healthcare system
## 24 quality indicators

<table>
<thead>
<tr>
<th>Topic</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>General aspects, efficiency (7)</td>
<td>consultations with different specialists</td>
</tr>
<tr>
<td>Drug safety (2)</td>
<td>Proportion with increased use of sedatives</td>
</tr>
<tr>
<td>Care for elderly (4)</td>
<td>Proportion with polypharmacy</td>
</tr>
<tr>
<td>Asthma/ COPD (2)</td>
<td>Disease-specific hospitalisation rate</td>
</tr>
<tr>
<td>Diabetes mellitus (5)</td>
<td>Proportion with annual lipid profile</td>
</tr>
<tr>
<td>Cardiovascular disease (4)</td>
<td>Proportion with ASS after MI</td>
</tr>
</tbody>
</table>
Guideline adherence (GA) was very low among patients with diabetes:
- Only 70% fulfill the minimal criterion of a biannual HbA1c-test
- Only 5% were full-adherent (Level 4)

### Risk of hospitalization by adherence level

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio</th>
<th>95%-CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0 (non adherent)</td>
<td>1.00 (Ref.)</td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>1.01</td>
<td>0.95-1.08</td>
</tr>
<tr>
<td>Level 2</td>
<td>0.87***</td>
<td>0.82-0.92</td>
</tr>
<tr>
<td>Level 3</td>
<td>0.78***</td>
<td>0.69-0.89</td>
</tr>
<tr>
<td>Level 4</td>
<td>0.71***</td>
<td>0.63-0.80</td>
</tr>
</tbody>
</table>

Huber et al. (2016), Patient Prefer Adherence

GA had a strong impact on the hospitalization risk:
- The higher the GA, the lower the hospitalization risk
- Up to 29% risk reduction in full-adherent patients
Quality indicators in contracts with physician networks

Guideline adherence in patients with diabetes mellitus

Polypharmacy

Potentially inappropriate medication

Benchmarking of physician networks

Proportion of guideline adherence, 2017
Health Literacy

- Evidence-based information
- Visualisation of risks and benefits of
  - Screening procedures
  - Therapeutic procedures
  - Diagnostic procedures
Conclusion

- Choice for Swiss patients exists on different levels
  - Health insurance
  - Insurance model
  - Behavior

- Health services research increases transparency and supports decisions.

- Health Literacy supports patients in making their choices.
<table>
<thead>
<tr>
<th>Versorgungsforschung</th>
<th>Forschungsteam</th>
<th>Projekte</th>
<th>Wissenschaftliche Publikationen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysen zur Situation im Gesundheitswesen</td>
<td>Interdisziplinäre Zusammenarbeit</td>
<td>Einblick in die Arbeit des Forschungsteams</td>
<td>Publikationen im Überblick</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Arzneimittelreport</th>
<th>Ausgabenreport</th>
<th>Prämienreport</th>
<th>Mengenreport</th>
</tr>
</thead>
</table>

https://www.helsana.ch/de/helsana-gruppe/unternehmen/gesundheitswissenschaften
Vielen Dank!

Fragen?

Kontakt
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